ALASKA PIONEER HOME	Pé	&P No:	07.02		
Title: Prescription Medication Use		Approval: O COTE			
Key Words: Prescription, Formulary, Generic					
Team: Pharmacy, Nursing	Effective Date: 1/1/11		Page: 1 of 4		

# PURPOSE

To describe how the Alaska Pioneer Home (APH) resident obtains prescription medications.

### **POLICY**

An APH resident obtains all prescription medications from the APH Pharmacy.

Level I residents and residents who choose to use Veterans Administration (VA), military or Indian Health Service (IHS) benefits are exempt from this policy.

The APH pharmacists fill medication orders with medications listed in the current APH pharmacy formulary.

An order for a medication that is not listed in the APH pharmacy formulary is filled as a special order.

The APH pharmacy substitutes generic medications for brand name medications if the cost is less and the medication is therapeutically equivalent and of the same chemical constitution.

### **DEFINITIONS**

**Medication** is a pharmaceutical drug, which is a chemical substance intended for use in the medical diagnosis, cure, treatment, or prevention of disease. Medications can be classified by chemical properties, route of administration, biological system affected, or therapeutic effects.

**Formulary** drugs are a list of prescription drugs that are dispensed by a pharmacy. The formulary drugs are reviewed and recommended for use by the pharmacy. The drugs are selected for their safety, efficacy, quality, and cost.

**Non-formulary** drugs are not on the list of recommended drugs, but may be used for medical necessity or if a failure of formulary alternative is documented.

**Generic** drug is produced and distributed without patent protection. It has the same active ingredients, dose, strength, route of administration, safety, efficacy, and intended use as the brand name counterpart.

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### **PROCEDURE**

### I. APH Resident Use of Prescription Medications

- A. The following residents are included in this policy
  - 1. Receive Level II and Level III care services, or
  - 2. Require assistance with medication administration, or
  - 3. Use the APH payment assistance program.
- **B.** The following residents are *not* included in this policy
  - 1. Receive Level I care services and do not need assistance with medication administration, *or*
  - 2. Obtain medications from the VA or military base, or
  - 3. Obtain medications from the IHS.
- C. Resident admission to the APH
  - 1. Upon admission to the Home, the resident receives counsel about the required use of the APH Pharmacy for prescription medications and pharmacy consultation.
  - **2.** To assure resident health and safety, the resident is advised to use only the APH Pharmacy.
    - a) Possible medication interaction is monitored and consultation is provided for the resident.

### II. Formulary Medications

- **A.** The Chief Pharmacist maintains a pharmacy formulary list of medications that is the best and most current therapy for older adults.
- B. The State of Alaska purchasing contract influences the formulary.
- C. The formulary includes at least one selection from each class of medications.
- **D.** The formulary list is posted online under the pharmacy section of the APH website.
- **E.** APH nurses use the formulary list as a reference for discussing medication orders with prescribers.
  - 1. APH nurses attempt to gain prescriber compliance with the formulary.

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### III. Non-Formulary Medications

- A. When a prescriber orders or renews a non-formulary medication order,
  - 1. Pharmacy staff fills out a Formulary Substitution Form and faxes it to the APH nursing staff.
  - 2. APH nursing staff faxes the form to the prescriber for a signature.
  - 3. Prescriber faxes the signed form to the APH nursing staff.
  - 4. APH nursing staff faxes the form to the APH pharmacy.
  - 5. APH pharmacy staff fills the order on the day the shipment is received.
  - **6.** If the prescriber takes too much time, fails, or refuses to sign the Formulary Substitution Form, the pharmacist decides to
    - a) Special order the non-formulary medication, or
    - b) Recommend local acquisition of the medication, and faxes the Home.

### B. Prescriber counsel about non-formulary medications

- 1. APH staff provides counsel about formulary and substitution policy to the physician when an order is given for a non-formulary medication.
- 2. APH staff requests written documentation of two conditions from the physician when the non-formulary order persists.
  - a) The non-formulary treats a resident's FDA-approved diagnosis, and
  - b) No medication on the formulary is appropriate for the diagnosis.
- **3.** APH staff submits the medication order and documentation to the APH Pharmacy.

### C. Special orders

- 1. Physician's order and documentation are received by APH pharmacy.
  - a) Pharmacy staff confirms availability from the State pharmaceutical contractor.
  - b) Pharmacy contacts the Home with the anticipated special order delivery date.
  - c) APH staff purchases the amount of medication needed before the order delivery date, through local acquisition.
  - d) Pharmacy staff approves local acquisition of the order if the medication is not available from the State pharmaceutical contractor.
- 2. If the medication is required for immediate administration and is indicated for an FDA-approved diagnosis, the APH obtains no more than a ten-day supply of the prescribed medication through local acquisition.
- 3. The resident is responsible for payment of the local acquisition.

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### IV. Generic Substitution

- **A.** A generic medication on the formulary list is substituted for a brand name medication with
  - 1. APH pharmacist direction, and
  - 2. Resident or representative consent.
- **B.** The APH pharmacist assures that the generic medication is
  - 1. AB rated, and
  - 2. Therapeutically equivalent to the prescribed brand name product.
- **C.** Upon admission to the Home, and in care conferences, the resident's written consent for generic substitution is obtained.
- **D.** The resident acquires the medication and pays the cost if the brand name medication is preferred.

## HISTORY OF REVISIONS

New:

Revised: 1/1/11. Reviewed:

### **ATTACHMENTS**